2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000115004 01-28-2008 90070 022 ***143.75 1. Entity Name 805 SOUTH H STREET, LLC Principal Place of Business Mailing Address 60004205 7656 THIRD ST. 805 SOUTH H STREET DOWNEY, CA 90241 LAKE WORTH, FL 33460 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 01102008 Cha-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State Not Applicable 11-3796448 \$5.00 Additional Zip Country Zip Country 1155 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOBIN & REYES, P.A. Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER ROAD SUITE 204 BOCA RATON, FL 33486 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR **X** Addition MGR Change Change TITLE **20** Delete TITLE . TEHEE FAMILY TRUST THOMAS TEHEE, THOMAS NAME NAME 7656 THIRD ST. STREET ADDRESS 7656 THIRD ST STREET ADDRESS DOWNEY CA GOZYI CITY-ST-ZIP **DOWNEY, CA 90241** CITY-ST-7IP ☐ Change ☐ Addition MGRM ☐ Delete TITLE TITLE GOMEZ, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 7656 THIRD ST. CITY-ST-ZIP **DOWNEY, CA 90241** CITY-ST-7IP ☐ Change Addition MGRM ☐ Delete TITLE TITLE TEHEE, THOMAS M. 7656 THIRD ST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P DOWNEY, CA 90241 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee employees to execute this report as required by Chapter 608, Florida Statutes.

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED

Jan 28, 2008 8:00 am